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OPIUM.

FROM DR. G. G. SIGMOND'S LECTURES ON THE MATERIA MEDICA, AT THE WINDMILL-STREET SCHOOL OF MEDICINE, LONDON.

[Continued from page 11.]

It was in the year 1803, that Derosne announced that he had procured from opium a peculiar matter, white, crystallizable, and of uniform composition, which he then imagined to be that peculiar principle in which reside all the therapeutical and toxicological powers by which that drug is so strongly characterized. In the following year Seguin read a dissertation before the Académie des Sciences, in which he pointed out the existence of the most energetic constituent of the drug; he explained the method by which it was to be obtained; he very satisfactorily showed what were its essential and distinguishing characteristics. Here he stopped; and, according to the laws of discoverers, he lost that claim to which he would otherwise have been justly entitled, of being looked upon as the first discoverer, for he did not affix to this substance any name. Had he ventured to call it by any title, to him would have been awarded the merit due to the first observer of that constituent principle which has since been known to us under the appellation of morphia. To Seguin it is, also, that we owe our acquaintance with meconic acid, although in this, as in the former case, Sertuerner, of Einbeck, in Hanover, carried away the honor of the discovery in 1816. The French chemists always speak with some degree of mortification when, with the honesty which should always accompany science, they prove, that if France cannot actually claim the reputation, her chemists were on the eve, and really deserve the merit of first knowing the important constituents of opium. It was, however, Sertuerner, a German chemist, by whose patient labor and industry the real nature of morphine was unfolded: he placed his discovery upon the firmest basis, for he showed that it possessed the property usually attributed to alkalies, of combining with acids, and of forming, when thus united to them, neutral salts. Sertuerner did not hesitate to give to the scientific world a memoir which, of course, attracted considerable attention. Gay Lussac very properly committed to Robiquet the important duty of investigating and substantiating the facts thus announced by the German chemist. To no individual could such a task have been entrusted, whose capability and judgment would be more appreciated than Robiquet. He commenced his labors, and the first question that he felt called on to inquire into was,

what was the nature of the substance that Derosne had discovered in the year 1803. It was proved, even by the process that Sertuerner had pursued, that it did exist, but that chemist had not acknowledged it to be a constituent principle of opium; he had given it as his opinion, that it was a submeconate of morphine. The next question upon which Robiquet was to decide was, what was the real nature of the principle which Sertuerner had discovered, and of which he had given a description.

The results of the investigation, most carefully and philosophically pursued by Robiquet, were considered to be highly satisfactory, and have been universally appreciated. His experiments proved that morphia is an alkaline basis, capable of saturating acids, and of forming neutral salts; that the salt discovered by Derosne was not a submeconate of morphia, but that it was a peculiar principle, and that there was also a peculiar acid existing in opium, namely, the meconic. These analyses of Seguin and Robiquet were universally recognized, and, for a time, the inquiry was considered conclusive, until M. Pelletier feeling, that after fifteen years the science of chemistry had put into his hands a greater number of agents, by which analysis might be carried on, determined to become a laborer in so important a field of investigation; he has been followed by Couerbe and others. Pelletier's analysis, in 1832, gave us the results which I shall now mention to you—morphine, meconine, narceine, meconic acid, a brown crystallizable acid, peculiar resin, oil, caoutchoric gum, bassorine, and ligneous fibre. During the last session of the Medico-Botanical Society, a paper from his pen, translated by Mr. Foote, announced his observations on paramorphine and pseudomorphine, the latter of which does not always exist. It would ill become me, as having little opportunities of pursuing an inquiry into an analysis of opium, to make any observations upon Mons. Pelletier's views, but I shall confine myself to enumerating those constituents which I myself have seen when obtained, and of describing the outline of the processes by which, according to the first chemists, they are best procured. I have made all the inquiries upon the subject, and have examined into it with all the attention that I have been able to give; the difficulties attendant upon real personal acquaintance with all the points connected with it, are such that no one, not superintending all the stages, could undertake accurately to describe the processes, which are only carried into effect satisfactorily by practised chemists, upon a very large scale. However frank and honest may be the communications made by the individuals who conduct these operations, there must necessarily be many particulars which can only be known by manipulation and by experience. In speaking of the principles contained in opium, I must particularly thank Mr. Morson, of Southampton-row, for the kindness with which he has communicated with me; and amongst those from whom I have had occasion to seek information, I must acknowledge him as most willing, and, from the largeness of his operations, very capable of imparting it. There are, indeed, very few in London who have much experience, and it is only from copying one from the other, that much acquaintance with these points is derived.

The constituents which at this moment I am led to recognize as existing in opium are morphia, narcotina, codeia, narceia, meconia, thebaia, meconic acid. How long these may continue to be the sole principles I know not ; but in enumerating these I am borne out by the testimony of the distinguished Professor in the Royal Institution of Great Britain, Mr. Brande, who, I observe, in the last edition of his *Manual of Chemistry*, gives them the sanction of his recognition. I have now to explain to you the methods by which these are to be obtained, so that their actual existence may be demonstrated to you. Two of these principles appear to be well-defined alkaloids, at least they possess that striking characteristic of unity with acids, and forming neutral salts. These two are morphia and codeia. Various are the processes which have been enumerated for obtaining them. That of Dr. Gregory and of Dr. Robertson seems to be considered the best. The first step in all cases is the proper solution of opium in water. Muriate of lime is added to a concentrated solution, by which agent the meconic acid, and the very small quantity of sulphuric acid which exists, are thrown down, so that meconate of lime, and a minute proportion of sulphate of lime, fall to the bottom of the solution, in which muriate of morphia remains dissolved. To obtain this muriate of morphia the solution is then evaporated to the crystallizing point. The other alkaloid, the codeia, accompanies the muriate of morphia and crystallizes with it. The muriate of morphia is of a dark brown color when it is thus obtained, the crystallized mass is then pressed to get rid of the color, and the process of crystallization is repeated until it becomes perfectly white. The next step is to obtain, from the two mixed muriates of morphia and codeia, the morphia ; this is done by dissolving them in water, adding ammonia, by which means the whole of the morphia is precipitated, but the codeia remains still in solution. This liquor is then evaporated down, and then the muriate of ammonia, the codeia, and any proportion of morphia not thrown down will crystallize ; on the addition of caustic potash the morphia will be decomposed, the ammoniacal salts dissolved, and the codeia be precipitated. The codeia is to be purified in ether, from which it crystallizes.

The essential characteristics which mark morphia and distinguish it are, that it crystallizes in prisms from its alcoholic solution, that it is but little soluble in water, that it is insoluble in ether, and that it is perfectly dissolved by potassa or soda ; this distinguishes it altogether from narcotina, with which it may sometimes be found, but which is not the case when obtained by the process I have just attempted by description to explain to you ; it gives a deep-red color to nitric acid, and one of the most beautiful blues to muriate of iron by candle-light, though it has a more greenish hue by day-light ; these tests will fully distinguish it from all other of the alkaloids.

According to the excellence of the opium will be the quantity of morphia contained ; about one hundred pounds of the drug will yield from one hundred and twenty to one hundred and fifty ounces of morphia, and, according to Robiquet, about six ounces of codeia will be obtained from one hundred pounds of opium also. The salts that have been ob-

tained by combination of morphia with acids that have been noticed are, sulphate of morphia, bisulphate, muriate, nitrate, phosphate, and acetate ; and they are obtained by dissolving the alkaloid in diluted acids. Opium contains three other principles which may be considered neutral, neither possessing acid nor alkaline properties. Narcotina, the salt originally discovered by Derosne ; meconia, by Couerbe and Dublanc ; narceia, by Pelletier ; and, lately, a fourth, by Couerbe, thebaia. Narcotina is found very abundant in many varieties of opium, sometimes as much is found as of morphia in others. The other three principles, meconia, thebaia, and narceia, exist in very minute quantities. Narcotina is procured by the action of hot ether upon opium, which extracts this principle in a pure state. It may also be precipitated from a solution of opium by means of caustic potash, taking care not to add more than may be sufficient to saturate the free acid. Narcotina is soluble in the acids, also in alcohol, ether, and the oils, and is crystallizable from them all ; it has an intensely bitter taste. Meconia crystallizes in prisms, and narceia in silky crystals ; they are obtained from the liquors of the first pressings of the muriate of morphia.

From the meconate of lime, which I spoke to you of as having been precipitated in the decomposition on making morphia, meconic acid is obtained. Meconate of lime is dissolved in concentrated muriatic acid at the boiling point, taking care, however, that it is not in actual ebullition ; it is then filtered, and is repeatedly treated with muriatic acid, until it is completely destructible by heat. The meconic acid will then be obtained in reddish-brown scales, and to be made perfectly pure and white, it must be united with caustic potash, and a meconate of potash be formed, from which it must be repeatedly crystallized until it is perfectly white ; it is then decomposed by frequent treatment with muriatic acid, and thus is obtained a perfectly white and pure meconic acid, which, by boiling, is converted into metameconic acid, by sublimation into pyromeconic acid. Meconic acid becomes a most delicate test for salts, soon producing an intense red color.

In the *Journal de Chimie Médicale* for September, 1835, will be found the observations of M. Pelletier on paramorphine and pseudomorphine ; but I have had no opportunity of meeting with any English chemist who has gone over the same experiments, and, therefore, I can say little on the subject, but that he states, that paramorphine comes nearer to narcotine than to any other of the principles, and pseudomorphine to morphia.

In the *Journal de Pharmacie* for 1833, will be found Robiquet's observations on Dr. Gregory's mode of obtaining morphia, and likewise a translation of the original paper, describing the operation of which I have ventured to give a slight sketch, fully aware that the chemist only can explain fully all the steps. M. Robiquet has borne out the preference generally given to the process. Two advantages seem to result from it : the first, that a larger quantity of morphia is obtained, and the employment of alcohol, always so expensive in this country, avoided. M. Robiquet observes, that the first trial he made convinced him that the opium employed by Dr. Gregory, was of a superior quality to that

which has been used in France for some years, and not only that ours contains more morphia, but that the proportion of narcotine is considerably less. He expresses his want of information as to the causes that produce this, whether it be dependent on the species of poppy, the diversity of climate in which its cultivation is pursued, or upon the mode by which the opium is obtained, or upon some sophistication by adding the opium obtained from the indigenous plant. In order to satisfy himself, he wrote to Dr. Gregory for a specimen of the opium on which he had operated, and which was immediately sent to him, with an explanation, that, as the muriate of morphia was only employed by the medical men in Edinburgh, he did not attempt to obtain the morphia isolated, but in combination with the muriatic acid; this did not explain the difficulty that M. Robiquet had found in obtaining a larger quantity of the morphia. He concludes his paper by stating, that he thinks Dr. Gregory's process merits preference from its economy, its simplicity, and its facility of execution; but that he is inclined to believe that the larger quantity of morphia obtained is in some measure owing to the superiority of the opium which is found in this country; and he calls upon the Society of Pharmacy, where his report was read, to return its thanks for the labors of Dr. Gregory, which merit the approbation of chemists.

ICE IN DYSENTERY.

FROM A LETTER BY DR. DANIEL BARKER, OF MADISON, N. Y., TO DR. H. H. CHILDS, OF PITTSFIELD, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

AFTER some delay I communicate to you the treatment and termination of a case of dysentery which came under my care on the 26th of September last. Mrs. G—, aged 56 years, had been severely afflicted with permanent dysenteric symptoms since the 22d. When I first saw her she appeared almost in a state of *collapse of the cholera*; more action, however, in the system; the pulse small and frequent; tongue coated with a whitish fur; surface on extremities cold; great heat about the abdomen; sharp and shrivelled countenance; great pain through the whole alimentary canal; tormenting tenesmus, &c. &c. She had not been able to retain anything in the stomach longer than fifteen minutes for the last twenty-four hours, and the evacuations from the bowels were about as frequent as from the stomach. Those from the stomach were viscid mucus; from the bowels, of a briny appearance, rather copious. Commenced with an effort to warm the extremities, and applied a strong mustard plaster over the region of the stomach, after which attempted to produce a catharsis with Epsom salts, gum arabic and crem. tart. The stomach rejected every effort. The bowels would not retain an injection of any kind, mucilaginous, anodyne or astringent. I persevered about twelve hours, without effect. Prescribed *total abstinence* twenty-four hours, with no better effect. Almost despaired—called the case nearly hopeless. Reflected, and resolved to try *pounded ice* as another

means to arrest the present symptoms. I procured some at an ice-cellar in the village, and gave about half a dozen pieces, each as large as a kernel of corn or a white bean. It was retained. In about fifteen minutes repeated the dose, which was also retained. I persevered with the ice about six hours, with a charming effect. The stools continued frequent and briny. Prescribed an injection of ice-water, which operated like a charm—after which, anodyne and other injections seemed to have the desired effect, medicine was retained in the stomach, and a reaction produced in the system. Careful attention, after a few days, seemed to produce a convalescent stage, and she is gradually improving, with a prospect of an eventual recovery.

In this case nothing but the ice was different from other remedies in severe cases. A perseverance in counter-irritants and other remedies was continued for a long time. The case has produced considerable excitement (we have many supporters of the *pepper* system to contend with in this section) among the steamers and cayenne-pepper advocates; the result seems to confound their best friends. Respectfully yours, &c.

DANIEL BARKER.

EFFECTS OF CREOSOTE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In attempting to execute my promise to communicate something for your Journal, I shall at present briefly state two or three cases in which the active principle of tar-water (creosote) has evidently triumphed over every remedy that could be devised. I will add a *fourth case* by way of inquiry.

CASE I.—Harry, a colored boy, about eighteen years of age, was taken under my care in November last, for what was supposed to be white swelling in and above the knee-joint. Upon inquiry, however, it was ascertained that two or three years previous to my seeing him, a small fracture above the knee had occurred, by a waggon-wheel passing over the leg. The result in time proved to be an enlargement of the inferior end of the femur, constant swelling, much pain, and a discharge of matter. I commenced with the old method of poulticing, mainly for the purpose of promoting the discharge; and this was done principally in the use of slippery elm. It was hinted by a brother practitioner, that it would be well to touch the gums a little with calomel, and it was accordingly done. In the mean time I proceeded to blister to a large extent above and below the knee. The swelling seemed in a measure to subside, but the discharge still continued. As an occasional drink, I made a decoction of fresh sarsaparilla. The discharge of pus still going on (promoted indeed by the poultice), and there being no prospect of the sore being healed, I proceeded to the use of diluted creosote, which was injected with a small syringe. The consequence was a speedy change in the nature of the pus, and small bits of a gristly character were thrown out. It is presumed that healthy granulations were formed

within. The sore has healed up, and the boy is as active and useful as ever.

Query.—Would the creosote alone have been sufficient?

CASE II.—A lady, about thirty-five years of age, had undergone much inconvenience, and even misery, from a scurvy, crustaceous kind of scald, which some called a tetter, and which threatened to traverse the entire scalp. After shaving or cutting the hair, successive applications of creosote completely dissipated the evil. A decoction of sarsaparilla was at the same time ordered, but not faithfully used.

Query.—Is there any fixed period for the creosote to produce its proper effect in such cases?

CASE III.—A colored man had a severe toothache, and called to get the tooth extracted. It being greatly decayed and broken, the instrument would not grasp it. Upon the application of a little cotton moistened with creosote, the pain soon ceased and has not returned.

We have been cautioned against the use of creosote for the toothache, lest it should occasion a paralysis. My own impression at present is that nothing but a careless and improper use of it, would produce such an effect.

CASE IV.—A young man of about twenty came under my care, who had partially recovered from what was called a bilious fever, and who was suddenly attacked with severe pain and great swelling in one leg. He has recovered in a measure, but the leg, it is said, still swells a little occasionally. I state this case to yourself, and your numerous correspondents, for the purpose of asking, wherein consists the propriety of calling this a misplaced fever? I would ask, again, did not this arise from exposure, or some unadvised exertion of the limb? I propose these questions, because such cases have been pronounced fatal.

Falmouth, Stafford Co. Va. Jan. 30, 1837.

H. F.

P. S.—The Richmond Enquirer says, "The Aurora Borealis made its appearance last night (25th Jan.) at early dusk, and continued till about eight o'clock. It was a singular and beautiful exhibition. It appeared in the north and north-east portion of the heavens, sometimes almost disappearing, and then returning, and gradually diffusing its *blushing tints* almost from the horizon to the zenith. It startled some by its occasional almost *blood-red appearance*—aroused others—and interested all."

We have as yet obtained no satisfactory explanation of the *blood-red* or *blushing tints* or streaks of this phenomenon. I should like well to know what the philosophers of Boston and Harvard think of this matter. The moon rose about sixty minutes after the phenomenon disappeared, but it is thought had no concern with the matter by refrangibility or reflectibility. There were *red rays* and *white rays*, or, as I have called them, *red streaks* and *white*. It seemed to have a peculiar motion, by which the intensity of its color was changed or varied. Its appearance, seventy or eighty miles north of Richmond, was very like to the statement in the Enquirer. The atmosphere was intensely cold at the time of its appearance.

REMARKS ON ITINERANTS.

[Communicated for the Boston Medical and Surgical Journal.]

NO. IV.—MEMOIR OF DR. ARRAS.

THERE are characters so exalted that calumny cannot reach them, and there are others so low that detraction cannot hurt them. Franklin and Washington are specimens of the first class, and the person whose name is at the head of this article of the second. As well might we undertake to blot the sun from the sky, as to injure the fame of the former; and as well might we undertake to make impressions in a bag of cotton by firing at it with a pop-gun, as injure the respectability of the latter. Like the soldier whose face was so sharp that the ball glanced by without injuring it, Dr. Arras, lucky soul, dared the fury of his opponents, because he was too diminutive to be hit by whatever weapons they deigned to make use of against him. He was diminutive in bodily dimensions, and diminutive in intellect. In the hey-day of his youth, his corporeality would have exceeded a hundred by a score; but at the time when this narrative commences, it had dried away to the amount of the last twenty pounds. We might well say that it had dried away, for while the sinews and muscles belonging to it looked firm and tense, his limbs and whole body were shrivelled. His head was of a triangular shape and of the magnitude of a cocoa-nut; the color of his face was of a purplish blue, and his features and whole physiognomy were of the kind which presupposed him to be endowed with as much intellect as a mouse. His gait was slow, his step soft, and his motions noiseless; his voice was small, fine and squeaking; his dress was threadbare, tattered, and of such a kind as beggars would be likely to pick up among snug country farmers.

At the time now spoken of, the thought had not once entered his imagination of being a doctor. He had a wife who struggled hard to buffet the ills of life, and three small children who fared hard upon the scanty pittance afforded them by their parents, who had settled recently in a place called Scarborough Woods, where resided ten other families as devoid of the good things of this life as his own.

When he had resided in the place a month or so, one of his neighbors, from the circumstance of his having lived with a physician when he was a boy, called him doctor. Soon others called him so, and at length the title adhered. He now began to think he was a doctor. He laid such a tax upon his sensorium that he recollected many words and phrases used in his hearing by the physician he lived with. He recollected enough about the names of medicine to call calomel calomy, ipecacuanha apacak, tartrite of antimony tartarigatum; enough about the names of diseases to call bilious colic and bilious fever, rebellious colic and rebellious fever. Strangury he called the strangles, and fluor albus the flower of the albus. Administering an injection he called giving an interjection. He thought not enough about the remedy just named to resolve upon using it in practice. "Poticaries," and especially "calomy," he denounced.

The reader will perhaps be surprised to be informed that he resolved upon practising medicine in any form, and especially that he had sagacity

enough to denounce "poticaries, calomy," &c. These things he did resolve upon, however. He had heard himself called doctor so much, that he thought there was some meaning in it. He had seen with what facility physicians of a certain class succeed in getting into business, and thought that anything would make such a doctor. He wiped up a little, put a smile upon his face, and learned to speak a number of smart things. He tried to be polite, and though he made bad work of it at first, he succeeded so far as to imitate what was considered politeness forty years before. He changed his moping walk into a strut. To remedy his diminutive size, he stretched himself in longitude, swelled in the equatorial region, and strided largely when he walked. Like the frog in the fable, which in trying to be a cow, distended itself until it burst, he, with better success, distended himself until he got to be a doctor.

He knew what magic there was in the name Root Doctor, and he selected this for his title. Physicians in the country, from the necessity they are under of carrying medicine with them, formerly used a small pair of saddle-bags. Now, as they generally ride in a light gig, they use a trunk. He provided himself with a very large pair of saddle-bags, which, when stuffed with "roots and yerbs," would almost load a wheelbarrow. That which too often betides those who are at the trouble and expense of providing themselves with a knowledge of their profession before they commence practice, a long delay in getting into business, betided not Dr. Arras. His name was proclaimed upon the house top. His fame spread like wild fire. His skill was so highly estimated, that he could not attend to one of a dozen of the calls which rushed in upon him. Dr. Arras was all the toast. Before, it was Old Arras, and spoken in such a manner that the initial A sounded like H, and the s at the end of the name like a mute, or silent letter. A physician like Dr. Abernethy would have met with some cases that would baffle his skill; but Dr. Arras had too much the mastery of his profession to be drawn into such straits. Other physicians know not always what to call their diseases; but Dr. Arras always had a name at hand. Some of his names were too hard to be remembered by any but a physician of his own stamp. A considerable class of disorders was disposed of under the name of scrofulous affections; another under the name of humors of the stomach. Fevers presented themselves in multitudes, and some of his patients would be burthened with five at a time. One poor man was cured of twenty before he would stay cured. As soon as one, by dint of penny-royal or elacumfernel root, was compelled to yield, another stood ready to take its ground.

Thus was an individual, that never spent a moment of time or a cent of money in qualifying himself, enabled to do business enough to make any other person wealthy. It had not this effect, however, upon him. A propensity to which he was always accustomed, to drink all the cider he could get, rendered him careless about laying up anything, and he still grovelled in poverty. A singularity in regard to this was, that notwithstanding he was as numb as a stick two thirds of the time from cider, and as numb as Nature made him the other third, it affected him not in regard to his reputation as a physician.

Reader, this is not mere caricature. It is no fancied sketch. It is not fiction. It is not merely a general representation of a particular class of physicians. The individual it purports to be a history of, has a name and a local habitation upon terra firma. There is nothing exaggerated about it, nor ought set down in malice. It will apply to other individuals, however, and others may be thought the particular individuals singled out by the author. F.

DELIRIUM TREMENS.

THIS interesting subject occupied the attention of the London Medical Society at their meeting on the 31st of October last.

Dr. Clutterbuck considered delirium tremens to be merely a symptom of disordered brain. The symptoms of brain affections, he said, were almost innumerable, arising, probably, from the brain consisting of a variety of organs, each differing in structure and function. There were scarcely two cases of brain affection alike; the pathological symptoms, however, were very few, and those generally, almost always, indicated that inflammation, or its consequences, existed. The excitement of vascular action, by alcohol, did not necessarily produce inflammation, but if carried too far, inflammation occurred as a secondary step. Delirium tremens was the result either of temporary vascular excitement, or a consequence of this slow inflammation acting on the brain, and, so far as his experience had gone, was generally best relieved by small blood-lettings, and antiphlogistic treatment, according to the modification of the disease. There were some cases in which the strength was so much reduced, that blood-letting could not be resorted to, but in these, leeches and cold water to the head, with aperients, might be used. Opium he had seen occasionally do good, but in certain instances in which he had tried it with stimulants, he had returned to the antiphlogistic treatment. There was, however, no general rule to be laid down, for we found, by experience, that some cases were best treated by stimulants; this was no proof that inflammation had not been present. He considered the opinion that delirium tremens was a state opposed to inflammation was not borne out by experience; the state of the system, the fever, the furred tongue, the hot skin, and the suffused eye, all denoted the presence of inflammation in some part.

Mr. Honeywood, fifteen months ago, had been called to a patient who had labored under a peculiar state of brain for a long time, being subject to erroneous impressions, not amounting to insanity, and not the result of drinking. The friends of the patient had tried to laugh him out of his mistakes, without effect. Small doses of Battley's solution were given, and in three months he went about his usual business. He continued pretty well until about a month ago, when some of his erroneous impressions returned. This day fortnight he went to Ramsgate, and the symptoms returned. He had no recollection of being on board the steam-boat, and when he arrived at Ramsgate, he was perfectly insensible and

knew no person. The former remedy was employed, and he soon got well.

Mr. Roberts said, it was difficult to say whether inflammation was present or not, some persons considering all affections of the brain inflammatory. He remembered a case of inflammation of the brain, attended with great pain in the interior of the head, and high delirium; the patient, a gentleman, was bled daily for four days, to syncope, and leeches were applied, without benefit: the pain returned with great restlessness and irritation of manner. On the fourth day a full dose of opium was given, and he got better from that time.

Mr. Bryant had attended a man who was suffering from delirium tremens, who had been a confirmed spirit-drinker, and who was not in a state to allow the abstraction of blood. In three days he died. The brain was free from every pathological sign of inflammation. He (Mr. B.) thought that there was a condition of brain which was totally distinct from inflammation, but in which the symptoms of delirium tremens were present. The nerves, they all knew, were disturbed in various ways, without inflammation being present, and why might not the brain, of a structure so similar, be affected in the same way? There were not always marks of inflammation of the brain in cases of delirium tremens.

Dr. Clutterbuck said, that there might be excitement and disorder of the brain without inflammation, but when the brain was habitually excited by the same cause, inflammation arose, and effected changes in it, which, though not always observable, were sufficient to produce the symptoms of delirium tremens.

Dr. Whiting could not come to the conclusion that vascular irritation was the cause of all irritation. He thought that there might be nervous irritation without the vascular system participating in the disorder. For instance, the brain might be excited in an inconceivably short space of time by mental emotions. He thought, however, that the vascular system generally suffered, though not in the same degree, and, in some instances, to no appreciable extent, even when the nervous system was greatly irritated. The brain might be disturbed by plethora, not the result of previous inflammation, and where there was decreased instead of increased action; he conceived that in delirium tremens the capillaries were in the same state in the brain as they are in the red nose and the eye of the habitual drunkard, which, however, were not considered to be inflammatory. In some cases inflammation might come on in the brain as the consequence of this disordered state of the capillaries, and might prove highly dangerous. The practitioner was fearful of taking blood, remembering the former symptoms. He never remembered a fatal case of delirium tremens in which there was not effusion. He had invariably found a large quantity of blood present on such occasions.

Mr. Clifton and Mr. Hooper said that they had found the treatment by opiates the most effectual.

Some conversation took place respecting the properties of opium, and its salts. The president considered that there was no decided evidence of opium acting as a stimulant. Its proper effect was sedative, producing sleep. Respecting *narcotine*, he was quite sure that it was not a stimu-

lant. He had tried various experiments with it, and he had found no appreciable effects produced on the system by its administration.

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BAYLE'S ANATOMY.*

ELEMENTARY works on the subject of anatomy should always meet with encouragement: they are stepping stones, by which progress is made in all the departments of practical medicine and surgery—and therefore actually possess direct claims upon the very highest and soundest class of medical readers. Dr. Doane, of New York, whose name is now quite familiar to men of science in this country, as an able translator of five valuable publications from the French, before the appearance of the one to which this notice refers, bears personal testimony to the value of this little volume by M. Bayle, an eminent adjunct professor of the Faculty of Medicine at Paris. Before it fell under the eye of Dr. Doane, its reputation in Europe was well established, and it had even been translated into different continental languages. It is curious, in connection with this fact, that Bayle's Anatomy is a text-book in the Egyptian School of Medicine. Clot Bey, in adopting his friend's system, as in everything else, since he has enjoyed the distinguished patronage of Ali Pasha, exhibited a good judgment and discrimination.

One of the principal excellences at once discoverable in the text of this work, is its conciseness and accuracy—reminding us of Mr. Fife, who had the art of condensing more matter into an atom of space, than almost any other author in the English language. Although M. Bayle understood the process of diminishing things, he is not quite so skeleton-like as Dr. Monro's demonstrator. It is to be regretted that the Harpers, who do everything nobly in the literary way, did not interleave about thirty lithographic illustrations—those necessary guides for the student. But that would have enhanced the price, which is now so trifling that no one should think of being without it. What is one dollar and twelve cents for a neatly-executed duodecimo of four hundred and seventy pages, containing all the discoveries of past ages in the science of anatomy? It is of a convenient size for the pocket, and consequently adapted to the lecture room or the dissecting table. Fully anticipating the entire success of Dr. Doane's enterprise in adding this volume to the accumulating catalogue he has so rapidly produced from the bibliographic treasures of other countries, we would respectfully recommend to him to remember the value of *plates*, in the next edition. We understand it is now on sale at most of the Boston bookstores.

* An Elementary Treatise on Anatomy, by A. L. J. Bayle, M.D. Adjunct Professor of the Faculty of Medicine at Paris. Translated from the fourth edition of the French, by A. Sidney Doane, A.M. M.D. New York, published by Harper & Brothers, 1837. 12 mo. pages 470.

INVESTIGATIONS IN MEDICAL SCIENCE.

By order of the Medical Society of Cincinnati, "*An Oration on the guidance of a sound philosophical spirit in the investigations of medical science,*" delivered by John P. Harrison, M.D., on the fourth of January last, has been published, and a copy has been forwarded to us by the author. It is an elevated production, giving us a most favorable opinion of the powers of Dr. H.; and the Society, in circulating so good a specimen of western talents, will gain laurels for itself.

Dr. Harrison has neither copied the language of his predecessors or cotemporaries—nor has he made the attempt to shine in any way by borrowed light. Bold, dignified, and consistent in every page, he impresses the reader with the purity of his own active mind, while he pursues a train of reasoning which must meet the approbation of thinking men. Much fault has of late been found with medical writers in this country, because they so generally manifest a disposition for controversy: we do not, however, admit this to be true. That individuals are occasionally chargeable with this fault, must be admitted. Some gentlemen seem to be constitutionally prone to fault-finding, and delight in an endless war of words, simply because it is their only mode of making themselves distinguished. Dr. Harrison discovers himself, on the contrary, to be a peace-maker, by showing what the true objects of science are. And while inculcating principles in medical practice, he conducts those, who are willing to be guided, to the only source of happiness and positive usefulness.

But this was only intended for a paragraph to acknowledge the reception of the oration. Another day we propose to make such extracts as will be most likely to interest that class of readers for whom the whole was originally designed.

Charitable Institutions.—A Joint Standing Committee of the Legislature of this State, now in session, have recently visited the Eye and Ear Infirmary, in Green street, Boston, and were greatly interested in the character and usefulness of the institution. Dr. Jeffries, a few days before, made an interesting plea in behalf of the Infirmary, which deserves to be published. The Asylum for the Blind, in Pearl street, came next under the cognizance of the Committee. We shall be more exact in detailing the particulars hereafter, not feeling at liberty to anticipate the report that will probably be made to both houses. Thirdly, the Insane Hospital at Worcester engaged the attention of the Committee for a considerable time. It is needless to say that the establishment is in fine condition, dispensing charity with an open hand. We shall give the results at another time.

The Boylston Medical Society.—A catalogue of this interesting and truly enterprising association, has recently come from the press. The society was formed on the sixth of January, 1811, and incorporated by an act of the Legislature, June 13th, 1823.

"It is composed of gentlemen, who, at the time of becoming members, are students at the Medical School of Harvard University, although under peculiar circumstances, others may be admitted by an unanimous vote. The meetings are holden weekly during each course of Lectures

at the Medical College, and for the remainder of the year, so often as the Society shall from time to time determine. The principal exercises of the meetings are, a dissertation, which is read by each member alternately, and the discussion of some medical question. Ward Nicholas Boylston, Esq. from whom the Society took its name, with his characteristic liberality made provision that the value of twenty-five dollars—in money, books, or instruments—shall be awarded in a premium for the best medical dissertation offered during the course of lectures; or fifteen for the best, and ten for the second best, if deemed expedient. The funds of the Society, after defraying its incidental expenses, are appropriated in prizes for the best anatomical preparations made by members, and in prizes for such other purposes as the Society shall direct."

Two hundred and eighty-six names have been enrolled since the organization of the Society. Nineteen of these have been professors and lecturers in various medical institutions—and only six of these nineteen have died. Without an exception, they were highly talented and useful men, who exerted a beneficial influence in society, and raised themselves to professional distinction. Only forty-two deaths have occurred, as marked by asterisks, from 1811 to 1837.

The Boylston Medical Society is entitled to great praise for its perseverance and industry. Long may it flourish with increasing reputation.

American Medical Association.—By reading an account of a convocation at Southampton, England, for the purpose of forming a southern branch of the Provincial Medical and Surgical Association, it brought strongly to mind the importance of forming a great National Medical Society, which we have repeatedly urged through the pages of this Journal, upon all true friends of medical science, in the United States. If some manifestations of interest towards the accomplishment of this desirable object are not made within the present season, we shall be compelled to acknowledge that there is no spirit or energy remaining among us. Nothing could contribute so effectually to a perfect system of professional good fellowship as this; and the good influence which would be exerted throughout the union by a National Medical Society, cannot be calculated.

Taliacotian Operation.—Some time since mere mention was made of the fact that this operation had been performed in Boston. We have examined the patient, and had a detailed account of all the circumstances relating to the obvious necessity for attempting the restoration of the organ. It is now a bold Roman nose, firmly united in every direction. The wound on the forehead has been healed—so that one unacquainted with the particulars of the case, would hardly credit the assertion that so much as now constitutes the patient's new facial superficies was taken from above his eyes. It is curious that the sensation of touch at the extremity of the nose, is referred to the highest region of the forehead. A minute report, from the ingenious operator, is in preparation for the Journal, and therefore we choose not to anticipate his design by further remarks.

Copland's Medical Dictionary.—To the inquiries which are repeatedly made respecting the third part of this work, we regret that no satisfac-

tory answers can be given. It is well known that it has been stereotyped in this city, and that the plates are retained by the typefounders as security for payment. What progress, if any, has recently been made towards striking off an edition for subscribers, is unknown to us. Part IV. has not yet been published, we believe, in England.

Boston Bill of Mortality.—At an adjourned meeting of a Committee of the Boston Medical Association, at the Mayor's office, on Tuesday, Feb. 7, some progress was made towards the accomplishment of a desirable alteration in the nomenclature of the bill of mortality. The Board of Aldermen seem perfectly disposed to meet the wishes of the Association, and a better constructed table of mortality may hereafter be expected.

The Blind in Ohio.—It has been ascertained by investigation made in the State of Ohio, preparatory to measures for establishing an institution for the instruction of the blind, that in fifty-nine counties there are 287 blind persons, of whom 160 are males and 127 females. Of this number 60 are under 16 years of age, and 29 are from 16 to 25; 72 are in easy circumstances; 74 are poor; 67 are supported by friends, and 20 at the public charge.

New York Infirmary for Diseases of the Skin.—Drs. John W. Schmidt, Minturn Post, and Charles Porter, are the physicians of this excellently devised institution. It has long been a matter of surprise with us that some two or three medical gentlemen have not united in establishing an infirmary of the same kind, and upon the same plan, in Boston. Its success would be very certain—for the multitude who would be seeking advice is far greater than is generally imagined. Fort Hill, of all other places in the town, appears to be the most suitable locality, and we again urge it upon the consideration of some of our enterprising young physicians to make an immediate move in the business, before some stranger steps in and engrosses the practice.

Diseases of the Teeth.—If there is a good treatise extant on the diseases of the teeth, written in the United States, will some one have the kindness to inform us by whom it was written, and where published. Further, is there a work on operative dentistry, of a domestic origin, in this operating country? These questions are propounded with a view to ascertaining the facts. Our impression is that no such works exist. We are desirous of seeing something from such men as Dr. Flagg and Dr. Harwood, of this city. They are practical anatomists, and perfectly conversant with the whole dental domain.

TO CORRESPONDENTS.—McIntosh's Practice, a new and valuable edition, with notes by Dr. Morton—the Annual Report of the Insane Hospital at Worcester—Dr. Hamilton's Address before the Students of his Private School of Anatomy, at Auburn, N. Y., will each have a separate notice as soon as room can be found for them.

DIED.—At New York, William Hamersly, M.D. aged 72, an eminent physician of that city—a biographical sketch of whose life it would be highly gratifying to obtain.—In Litchfield, Dr. Joseph N. Pigin, aged 28.—At Mt. Hope, Orange Co. N. Y., Dr. Silas Loomis, aged 63.

Whole number of deaths in Boston for the week ending February 11, 40. Males, 16—females, 24.
 Dropsy on the brain, 2—consumption, 5—lung fever, 4—rheumatic, 2—aneurism, 1—convulsions, 2—infantile, 2—canker, 1—croup, 4—burn, 1—inflammation of the lungs, 1—mortification, 1—delirium tremens, 1—smallpox, 1—cancer, 1—typhus fever, 1—apoplexy, 1—dropsy, 1—throat distemper, 1—bowel complaint, 1—inflammation of the bladder, 1—inflammation of the brain, 1.

VERMONT MEDICAL COLLEGE, AT WOODSTOCK, VT.

CONNECTED WITH MIDDLEBURY COLLEGE.

(Incorporated by the Legislature of Vermont, October, 1835, with the power of conferring degrees.

THE Annual Course of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

H. H. CHILDS, M.D.	- - - -	Theory and Practice of Medicine and Obstetrics.
GILMAN KIMBALL, M.D.	- - - -	Physiology and Surgery.
DAVID PALMER, M.D.	- - - -	Chemistry and Materia Medica.
ROBERT WATTS, JR. M.D.	- - - -	Anatomy.
NORMAN WILLIAMS, A.M.	- - - -	Medical Jurisprudence.
D. C. PERRY, M.D.	- - - -	Demonstrations in Anatomy.

The usual number of Lectures will be *free*, daily—besides the Demonstrations in Anatomy, and occasional evening examinations.

Considerable additions are now making to the Chemical apparatus; and opportunities will be furnished to students for *practical anatomy*, arrangements for that purpose having been made last year in the city of New York.

No subject for dissection will be received from any person, or on any terms.

Fees for the course, \$45. Graduation, \$18. For those who have attended two courses, but do not graduate, \$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Pierce, Esq., Treasurer of the Institution. Board is usually furnished at \$2 per week, including room, wood, lights, and washing.

Students are requested to come provided with two or more standard works on each of the above designated branches of study.

Degrees will be conferred at the close of the lecture term.

Examinations will be conducted by the Medical Faculty, in presence of a delegation from the College, and a committee appointed by the Justices of the Supreme Court, pursuant to the provisions of the act of incorporation.—Requisites to an examination are, that the student produce satisfactory testimonials of moral character, and of his having studied three years with a regular practitioner; that he shall have attended two courses of public Lectures, one of which must have been at this institution; and that he shall have attained the age of 21 years. For particulars relating to private instruction, students are referred to the annual catalogues of the School.

By order of the Trustees,

NORMAN WILLIAMS, Secretary.

NOTE.—The Annual Course of Lectures at the Berkshire Medical Institution commences the last Thursday of August, at Pittsfield, Mass., and continues thirteen weeks.—Fees for the Course, \$50. Feb. 14—tM9

A BARGAIN.

A PHYSICIAN in the County of Kennebeck (Maine), wishing to leave the State, would dispose of his situation on the most reasonable terms. It is an eligible stand for business, and offers a rare opportunity for any young gentleman wishing to engage in the practice of medicine. For further information, inquire at this office—if by letter, post paid.

Feb. 1.

if

MEDICAL INSTRUCTION.

THE Subscribers have associated for the purpose of giving instruction to Medical Students. Opportunities will be afforded for the observation of diseases and their treatment in one of the Dispensary Districts and at the House of Industry; and clinical instruction will be given on the cases. Weekly Lectures and Recitations will be given on the various branches of Medical Science, and ample opportunities afforded for the cultivation of Practical Anatomy. Special attention will be paid to the exploration of diseases of the Heart and Lungs.

Applications may be made to either of the Subscribers.

Nov. 30.

MARSHALL S. PERRY, M.D.
 AUGUSTUS A. GOULD, M.D.
 HENRY I. BOWDITCH, M.D.
 HENRY G. WILEY, M.D.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils. For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
 R. W. HOOPER, M.D.
 JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

N16—tf

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